

PATENT  
0925-0167P

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type:: **Regular**  
Subject Matter:: **Utility**  
CD-ROM or CD-R?:: **None**  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: None  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: PLASMA DISPLAY APPARATUS  
Attorney Docket Number:: 0925-0167P  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Petition Included?:: No  
Petition Type::

### APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship:: Japan  
Country:: Japan  
Status:: Full Capacity  
Given Name:: Ko  
Middle Name::

Family Name:: SANO  
City of Residence:: Tokyo  
State or Province of Residence::  
Country of Residence:: Japan  
Street of mailing address:: 2-3, Marunouchi 2-chome, Chiyoda-ku,

City of mailing address:: Tokyo  
State or Province of mailing address::  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 100-8310

Applicant Authority Type:: Inventor  
Primary Citizenship:: Japan  
Country:: Japan  
Status:: Full Capacity  
Given Name:: Kazutoshi  
Middle Name::  
Family Name:: MORIKAWA  
City of Residence:: Tokyo  
State or Province of Residence::  
Country of Residence:: Japan  
Street of mailing address:: 2-3, Marunouchi 2-Chome, Chiyoda-Ku

City of mailing address:: Tokyo  
State or Province of mailing address::  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 100-8310

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 2292

**REPRESENTATIVE INFORMATION**

Representative Customer Number::	2292
----------------------------------	------

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			

**FOREIGN PRIORITY INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2000-088064	03/28/00	Yes
Japan	2000-397383	12/17/00	Yes

**ASSIGNEE INFORMATION**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::